

Please type a plus sign (+) inside this box → **[+]**
**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-35537
First Named Inventor or Application Identifier	Felix C. Fernandes
Express Mail Label No.	EV333318466US
Title	Transcoders and Methods

PTO

22264 U.S. 10/6/698

09/17/03

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
[Total Pages] 37	
<ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113)	[Total Sheets] 15
4. Oath or Declaration	[Total Pages]
<ul style="list-style-type: none"> a. <input type="checkbox"/> Newly Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) 	
[Note Box 5 below]	
<ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1.63(d)(2) and 1.33(b). 	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked)	The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: / .

Prior application information: Examiner _____ Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS

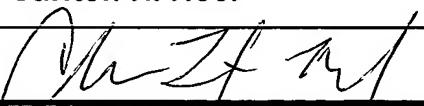
Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)



Correspondence address below

NAME				
ADDRESS				
CITY	STATE	ZIP CODE		
COUNTRY	TELEPHONE	(972) 917-4365	FAX	(972) 917-4418

Name (Print/Type)	Carlton H. Hoel	Registration No. (Attorney/Agent)	29,934
Signature		Date	9/17/2003

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

EXPRESS MAIL Mailing Label No. EV333318466US

DATE: 9/17/2003

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT

(\$ 750)

Complete If Known

Application Number

Filing Date

9/17/2003

First Named Inventor

Felix C. Fernandes

Examiner Name

Group / Art Unit

TI-35537

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

Charge any additional fee required or credit any overpayment

Charge all indicated fees and any additional fee required or credit any overpayment

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension of time within second month	
117	950	217	475	Extension of time within third month	
118	1,510	218	755	Extension of time within fourth month	
128	2,060	228	1,030	Extension of time within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per property (time number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	

2. EXTRA CLAIM FEES

Total Claims	-20** =	Extra Claims		Fee from below	Fee Paid	
		0	x	18	=	\$00
Independent Claims	-3** =	0	x	84	=	\$00
Multiple Dependent				280	=	\$00

*or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent Claims in excess of 3
104	280	204	140	Multiple dependent claims in excess of 3
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 00)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY

Typed or Printed Name

Carlton H. Hoel

Complete (if applicable)

Signature

Date

9/17/2003

Reg. Number 29,934

Deposit Account User ID